

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4	1		1			
5		1				
6		1				
7						
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17		1				
18	j		1			
19		1		1		
20		1				
21	j		1			
22	i					
23	\		1			
24		1				
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		4				
32		4				
33		4				
34		4				
35	1		1			
36		1		1		
37		1				
38	1		1			
39		1				
40		2				
41	1			1		
42	1			1		
43	1			1		
44	1			1		
45	1			1		
46	1			1		
47	1			1		
48	1			1		
49	1			1		
50	1			1		
TOTAL IND.					6	
TOTAL DEP.					72	
TOTAL CLAIMS					78	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52						
53						
54						
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99						
100						
TOTAL IND.					6	
TOTAL DEP.					72	
TOTAL CLAIMS					78	